



Telecommuting Feasibility Request

Section I - To be Completed by Employee

Employee Name:

1. Define your current job responsibilities and specify those assignments you can complete utilizing the telecommuting arrangement (include a copy of your performance plan):
2. List the equipment/software (including version) you need at the secondary work- site to complete your job duties while telecommuting (personal computer, modem, telephone line, word processing, electronic mail, spreadsheets, mainframe applications, etc...):
3. I will use: Division Equipment Personal Equipment Combination Please explain:
4. List other costs, such as long distance phone calls, the State may incur while you telecommute:
5. My proposed telecommuting schedule will be as follows:

| Telecommute Hours | | Office Hours | |
|-------------------|-------------|--------------|-------------|
| | hh:mm am/pm | | hh:mm am/pm |
| Saturday | to | Saturday | to |
| Sunday | to | Sunday | to |
| Monday | to | Monday | to |
| Tuesday | to | Tuesday | to |
| Wednesday | to | Wednesday | to |
| Thursday | to | Thursday | to |
| Friday | to | Friday | to |

6. Does your telecommuting work environment comply with the specified work standards as identified in the telecommuting guidelines?
Yes No If no, list reasons why:

7. Describe and designate your telecommuting work-site (include address, size, furniture, characteristics, separation from living area, etc...):

Section II - To be Completed by Supervisor

1. What are the job assignments to be addressed by the telecommuting arrangement?

2. Is the telecommuting arrangement intended to be ongoing or for a specific time period?

3. What direct and/or indirect benefits will the state derive from entering into this telecommuting arrangement?

4. How do you expect the benefits to be measured?

5. Supervisor Comments:

Section III - Request Status

Request has been: Approved Denied

Reason for denial:

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____